

-62-032394

7699

____Registrar's No.

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BY AFFIDAVIT OF

6. REGISTRAR'S SIGNATURE _____

6. REGISTRAR'S SIGNATURE *Earl Smith. M.D.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ..
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. L. Binkharn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Howard Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.